

**Rhode Island Department of Health
2001 Health Survey**

Final Survey Instrument

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Market Decisions**

H: SELECT

We are doing this study on behalf of the Rhode Island Department of Health to help the state evaluate the health and health care needs of Rhode Island residents.

Your interview will count for a lot because your household represents many others in your community. For our results to be valid and useful, it is very important that we interview the people we select.

The study will take about 20 minutes, depending on the size of your household. Your telephone number was randomly generated by a computer program.

All of the information you provide will be kept confidential. Your answers will be combined with those of others.

The study is being sponsored by the Rhode Island Department of Health. If you would like to find out more about our study, you can call Dr. Brian Robertson of Market Decisions at 1-800-293-1538 between 8 am and 5:00 pm or Dr. Jana Hesser of the RIDOH at 401-222-5111 between 9 AM and 4 PM Monday through Friday. Or you can leave a voice mail message after hours.
ENDHELP

H: NUMERIC

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H: KEY

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ENDHELP

Q:LEAD

T:

Hello, I'm _____ calling for the Rhode Island
Department of Health. We are doing an important study
to learn about the health and health care needs of Rhode Islanders.
Is this a residence?

INTS: Read as needed: your participation counts for a lot because you
represent many others in your community. Your information is strictly
confidential. This is not a sales call.

IF ASKED: The survey will take about 20 minutes depending on answers.

- 11 YES
- 15 NOT NOW, CALL BACK [Wait - Schedule Time]
- 17 OTHER
- 19 CONTACT ONLY
- 21 BUSINESS
- 23 LANGUAGE
- 25 INFIRM
- 27 GROUP QUARTERS, INSTITUTION (DORMS)
- 29 WRONG NUMBER
- 31 HANG UP
- 33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
- 88 HOUSEHOLD REFUSAL
- 89 WANT MORE INFORMATION ABOUT STUDY

Q:INFOQ

T:

INFORMATION:

GENERAL RELUCTANCE

Your participation in this study is very important. We want to know about the health and health care needs of Rhode Islanders to better guide state health policy and programs. Will you help us by doing this study?

STUDY LENGTH

The study will take between about 20 minutes, depending on the size of your household. Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random (so we don't know who you are). For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

IF you want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 or Dr. Jana Hesser at the Rhode Island Department of Health at 401-222-5111. After hours you can also leave a voice mail message.

[PRESS 1 TO CONTINUE]

I:

Q:RES1

T:

Is this a...

- 1 Private residence where SOMEONE lives at least 6 months of the year
- 2 Vacation residence or vacation rental?
- 3 An institutional residence?
- 4 A group home?

8 DK

9 REFUSED

Q:SEL1

T:

I'd like to talk with the adult in the household who knows the most about the health and health care of the people living there.

Is that you?

- 1 YES, SPEAKING
- 3 NO, SOMEONE ELSE
- 5 WANT MORE INFORMATION ABOUT STUDY

- 8 DK
- 9 REF

Q:FND1

T:

Is there someone who can help you answer the question?

IF NO, GET A TIME WHEN THEY MIGHT BE AVAILABLE AND SCHEDULE A CALLBACK

- 1 YES
- 3 NO (CALLBACK)

- 8 DK
- 9 REF

Q:SELR

T:

Is this person available now?

- 1 YES
- 2 SPEAKING
- 3 NOT AVAILABLE NOW - SCHEDULE CALLBACK
- 4 OTHER
- 5 LANGUAGE
- 6 INFIRM
- 7 UNAVAILABLE DURING DATA COLLECTION

- 9 REF

Q:RPH

T:

Hello, my name is _____ and I am calling on behalf of the Rhode Island Department of Health. We are conducting an important study to learn about the health and health care needs of Rhode Island residents. Your participation counts for a lot because you represent many others in your community.

Do you have some time to answer some questions for me?

INTS: Read as needed: your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 20 minutes depending on answers.

- 1 YES
- 5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK)
- 7 WANT MORE INFORMATION ABOUT STUDY
- 9 REF

Q:PH2

T:

Could you answer some questions for me now?

1 YES

5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK

7 WANT MORE INFORMATION ABOUT STUDY

9 REF

Q:INTO

T:

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

- 1 PROCEED WITH STUDY
- 5 NOT A GOOD TIME, CALL BACK
- 9 REFUSED

Q:PER

T:

We are doing this study on behalf the Rhode Island Department of Health in order to help the state evaluate the health and health care needs of Rhode Island residents.

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- 1 AGREES TO COOPERATE
- 3 NOT A GOOD TIME, CALL BACK
- 5 SOFT REFUSAL (RESPONDENT KNOWN)
- 6 SOFT REFUSAL (HOUSEHOLD)
- 7 HARD REFUSAL (RESPONDENT KNOWN)
- 8 HARD REFUSAL (HOUSEHOLD)
- 9 FINAL REFUSAL CONVERSION ATTEMPT

Q:ANMACH
T:

INTS: LEAVE MESSAGE ON IDENTIFIED RESIDENTIAL ANSWERING MACHINES
ON THE 1st, 3rd, and 7th ATTEMPTS.

Hello, my name is _____ and I am calling on behalf of the
Rhode Island Department of Health. We are conducting an important study
to learn about the health and health care needs of Rhode Islanders.
Another interviewer will be contacting your household in the
next few days.

If you have any questions about the survey or need to
verify it as legitimate, please feel free to call:
Dr. Brian Robertson at 1-800-293-1538, extension 149.

Thank you and goodbye.

INTS CODING FOR ANSWERING MACHINES

- 1 IDENTIFIED RESIDENTIAL ANSWERING MACHINE
- 2 UNKNOWN IF RESIDENTIAL ANSWERING MACHINE

Q:VERNA
T:

INTS: VERIFY IF RESPONDENT WILL BE AVAILABLE
AT ANY TIME DURING THE DATA COLLECTION

IF NO ASK: Is there someone else who could answer these questions?

IF NA OR NO ONE CAN ANSWER QUESTIONS:
Thank you for your time. Good-bye

- 1 RESPONDENT WILL BE AVAILABLE (SCHEDULE CALLBACK)
- 2 SOMEONE ELSE IN HH CAN ANSWER QUESTIONS
- 3 NO ONE ELSE IN HH CAN ANSWER QUESTIONS
- 8 DK
- 9 REF

Q:SORY
T:

We understand that not everyone is interested in participating in surveys over the telephone. Thank you for your time.

INTS: THIS IS CODED AS A HOUSEHOLD REFUSAL. THIS IS CORRECT IF YOU DID NOT ACTUALLY SPEAK WITH THE PERSON WHO WAS SELECTED TO DO THE SURVEY. IF YOU HAD IDENTIFIED THE PERSON WHO WAS TO COMPLETE THE SURVEY ESC BACK TO PER AND CHANGE TO RESPONDENT REFUSAL.

INTS: THIS IS CODED AS A HARD REFUSAL - THIS IS CORRECT IF THIS HH INDICATED THEY DID NOT WANT TO BE CONTACTED AGAIN IN VERY STRONG TERMS - IF THIS IS NOT THE CASE - ESC BACK TO PER AND CODE AS A SOFT REFUSAL.

ENTER <1> TO PROCEED

Q:HSORY1
T:

Thank you for your time. Goodbye

INTS: THIS IS CODED AS A HOUSEHOLD REFUSAL. THIS IS CORRECT IF YOU DID NOT ACTUALLY SPEAK WITH THE PERSON WHO WAS SELECTED TO DO THE SURVEY. IF YOU HAD IDENTIFIED THE PERSON WHO WAS TO COMPLETE THE SURVEY ESC BACK TO PER AND CHANGE TO RESPONDENT REFUSAL.

INTS: THIS IS CODED AS A SOFT REFUSAL. THIS HH WILL BE CONTACTED AGAIN. IF THIS WAS A HARD REFUSAL, ESC BACK TO PER AND CHANGE TO HARD REFUSAL.

ENTER <1> TO PROCEED

Q:RSORY
T:

We understand that not everyone is interested in participating in surveys over the telephone. Thank you for your time.

INTS: THIS IS CODED AS A RESPONDENT REFUSAL. THIS IS CORRECT IF YOU DID ACTUALLY SPEAK WITH THE PERSON WHO WAS SELECTED TO DO THE SURVEY. IF YOU DID NOT IDENTIFY THE PERSON WHO WAS TO COMPLETE THE SURVEY ESC BACK TO PER AND CHANGE TO HOUSEHOLD REFUSAL.

INTS: THIS IS CODED AS A HARD REFUSAL - THIS IS CORRECT IF THIS PERSON INDICATED THEY DID NOT WANT TO BE CONTACTED AGAIN IN VERY STRONG TERMS - IF THIS IS NOT THE CASE - ESC BACK TO PER AND CODE AS A SOFT REFUSAL.

ENTER <1> TO PROCEED

Q:RSORY1
T:

Thank you for your time.

INTS: THIS IS CODED AS A RESPONDENT REFUSAL. THIS IS
CORRECT IF YOU DID ACTUALLY SPEAK WITH THE PERSON WHO WAS
SELECTED TO DO THE SURVEY. IF YOU DID NOT IDENTIFY
THE PERSON WHO WAS TO COMPLETE THE SURVEY ESC BACK TO PER
AND CHANGE TO HOUSEHOLD REFUSAL.

INTS: THIS IS CODED AS A SOFT REFUSAL. THIS HH WILL
BE CONTACTED AGAIN. IF THIS WAS A HARD REFUSAL, ESC BACK TO
PER AND CHANGE TO HARD REFUSAL.

ENTER <1> TO PROCEED

Q:SRY1
T:

I'm sorry, but for this study we are only interviewing
residential households.
Thank you for your time. Goodbye.

ENTER A <1> TO CONTINUE

Q:SRY2
T:

I'm sorry, but for this study we are only interviewing
private households. Thank you for your time. Goodbye.

Q:SRY3
T:

I'm sorry, but for this survey we are only interviewing
residential households. Thank you for your time. Goodbye

Q:SRYHH
T:

I'm sorry, but for this study we are only interviewing
private households. Thank you for your time. Goodbye.

Q:SRYHH1
T:

I'm sorry, but for this study we are not interviewing
these types of households. Thank you for your time. Goodbye.

Q:Q00

T:

First we need to know a little about your household.

PROMPT IF RELUCTANT:

We need this information to assure that we represent all Rhode Island residents. Thank you for your patience.

ENTER <1> TO CONTINUE

Q:HHQ01

T:

In what town or city is your household located?

[USE PLACE NAME LIST TO CODE INTO TOWNS LISTED BELOW]

10 Barrington	25 Jamestown	39 Richmond
11 Bristol	26 Johnston	40 Scituate
12 Burrillville	27 Lincoln	41 Smithfield
13 Central Falls	28 Little Compton	42 South Kingston
14 Charlestown	29 Middletown	43 Tivertown
15 Coventry	30 Narragansett	44 Warren
16 Cranston	31 Newport	45 Warwick
17 Cumberland	32 New Shoreham	46 Westerly
18 East Greenwich	33 North Kingstown	47 West Greenwich
19 East Providence	34 North Providence	48 West Warwick
20 Exeter	35 North Smithfield	49 Woonsocket
21 Foster	36 Pawtucket	97 OTHER (SPECIFY)
22 Glocester	37 Portsmouth	98 Don't Know
23 Hopkington	38 Providence	99 Refused

Q:HH02

T:

What is your zip code? 0____?

INTS: ENTER LAST 4 DIGITS ONLY

0001-9997 ENTER NUMBER

9998 DK
9999 REF

Q:HH03

T:

Do you own or rent the house or apartment where you currently live?

- 1 OWN
- 2 RENT

- 8 DK
- 9 REF

Q:HH04

T:

How many telephone numbers do you have in your household?

IF MORE THAN ONE:

Do not include cell phones or numbers used for computers, faxes or modems. How many of these are residential numbers?

- 1 TO 6 ENTER NUMBER OF LINES
- 7 7 OR MORE LINES

- 8 DON'T KNOW
- 9 REF

Q:HH05

T:

Was there anytime in the last 12 months that you did not have a working telephone for two weeks or more?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:HH05a

T:

For how many months of the past 12 months did you not have a working telephone for two weeks or more?

- 0 LESS THAN ONE MONTH
- 1 - 12 ENTER NUMBER OF MONTHS

- 98 DK
- 99 REF

Q:HHCOMP

T:

Now I need to find out how many people live in your household. This includes family, boarders, roommates and anyone else who lives there most of the year. Including yourself, how many people are in your household?

INTS: Include those temporarily absent such as traveling, or in the hospital. Do not include those living elsewhere such as those on military duty or at school for more than 6 months of the year

INTS: IF 9 OR MORE ASK: Is this a dorm, hostel or some other type of group quarters where people are not related?
CODE AS 11 IF YES

0 NO ONE
1 - 7 ENTER NUMBER
8 8 OR MORE

98 DK
99 REF
11 GROUP QUARTERS, INSTITUTE (TERMINATE)

Q:HHCMP1

T:

Please give me just the FIRST NAMES of the people who are living in your household. I'll ask for the names one at a time.

INTS: IF THEY ARE UNCOMFORTABLE ABOUT GIVING NAMES:
If you would prefer just give me a label that will allow you to identify each person when I ask questions about them.

[PRESS 1 TO CONTINUE]

Q:CNAME

T:

FOR 1ST PERSON

Please tell me the first name of the person who OWNS/RENTS this house or apartment. Let me know if this is you.

FOR OTHER PEOPLE

Please tell me (your name)/the name of the next member of the household.

IF ONLY ONE PERSON

ENTER 1 TO CONTINUE

ENTER NAME AS YOU ON NEXT SCREEN

IF THERE ARE MORE THAN 8 PEOPLE - ON THE 8th PERSON

For this survey, I will only be asking about 8 people in the household. Of those who you have not mentioned, who had the most recent birthday?

INTS: IF THE RESPONDENT IS NOT THE HEAD OF HOUSEHOLD THEN ALWAYS PUT THEM AS THE SECOND PERSON

FOR THE RESPONDENT ENTER THE NAME AS "YOU"

IF THERE ARE NO MORE PEOPLE THEN SELECT NO MORE PEOPLE

1 SELECT TO ENTER PERSON'S NAME

2 NO MORE PEOPLE

Q:HHNAME

T:

INTS: ENTER THE NAME OF THE PERSON HERE

INTS IF THIS IS THE RESPONDENT ENTER "YOU"

IF RELUCTANT: If you'd rather not give names, just provide some way that you can tell household members apart.

ENTER NAME AND PRESS ENTER:

Q:DEM01

T:

Next, I am going to ask a few questions about each member in the household.

[PRESS 1 TO CONTINUE]

I:

key 1

Q:GEND

T:

Are/is FILL NAME male or female?

[INTERVIEWER: CODE WITHOUT ASKING IF DISCERNABLE
BY NAME OR VOICE FOR RESPONDENT.]

1 Male

2 Female

8 DK

9 REF

Q:AGE1

T:

And FILL NAME's age on her/his/your last birthday?

[INTERVIEWER: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR
IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY]

0 IF UNDER ONE YEAR OLD

1 TO 96 ENTER AGE OF PERSON

97 97 OR GREATER

98 DK

99 REF

ASK OF THOSE INDICATING DK OR REF TO AGE1

Q:AGE2

T:

We would like to have a rough age for people in the household. {Are/is you/she/he}

[INTERVIEWER: READ LIST]

- 10 Less than 1 year old
- 11 1 - 5 years old
- 12 6 - 13 years old
- 13 14 - 17 years old
- 14 18 - 23 years old
- 15 24 - 29 years old
- 16 30 - 44 years old
- 17 45 - 64 years old
- 18 65 or older

98 DK

99 REF

ENDIF

ASK OF THOSE 16 AND OLDER

Q:MAR

T:

Are/is FILL NAME

(READ RESPONSES)

- 1 Currently married
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Never been married
- 6 Member of an unmarried couple

8 DK

9 REF

Q:EDU
T:

What was the highest grade in school that FILL NAME
have/has completed?

READ ONLY IF NECESSARY:

- 10 Never attended school or only attended kindergarten
- 11 Grades 1 through 8 (Elementary)
- 12 Grades 9 through 11 (Some high school)
- 13 Grade 12 or GED (High school graduate)
- 14 College 1 year to 3 years (Some college or technical school)
- 15 College 4 years or more (College graduate)
- 16 Post Graduate, Professional Degree

- 98 Don't know/Not sure
- 99 Refused

ASK OF THOSE 18-23

Q:INSCH1
T:

Is/Are FILL NAME
a full-time high school or college student?

[INTERVIEWER: THE DEFINITION OF A FULL-TIME SHOULD BE AS
DEFINED BY THIS PERSON'S SCHOOL.]

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:ETHN
T:

Is/Are Hispanic or Latino?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:RACE

T:

Which of the following would you say
is (r/'s) race?

(READ RESPONSES - SELECT ALL MENTIONED BY RESPONDENT)

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 15 Other (SPECIFY)

77 NO MORE

98 DK

99 REF

ASK OF THOSE INDICATING MORE THAN ONE RACE ABOVE

Q:RACE1

T:

Which one of these groups would you say best represents your/his/her
race?

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 15 Other (SPECIFY)

98 DK

99 REF

Q:SETUNIT
T:

INTS THIS VARIABLE INITIALIZES THE
FAMILY UNITS. IF THERE ARE PROBLEMS
IN ASSIGNMENT AT THE END, YOU'LL
COME BACK HERE AND GO THROUGH THE
SECTION AGAIN

ENTER 1 TO CONTINUE

ASK OF ALL BUT THE HEAD OF HOUSEHOLD

Q:FAM1
T:

What is FILL NAME (r/'s) relationship to FILL HEAD OF HOUSEHOLD ?

- 1 Husband
- 2 Wife
- 3 Domestic partner
- 4 Child, Son or Daughter - Own/Adopted
- 5 Stepchild
- 6 Foster Child
- 7 Grandchild
- 8 Parent
- 9 Mother-in-law/Father-in-law
- 10 Grandparent
- 11 Brother/Sister
- 12 Son-in-law/Daughter-in-law
- 13 Step parent
- 14 Step brother/step sister
- 15 Other Relative
- 16 Non Relative/Cohabitee/room-mate/renter
- 17 DK OR REF

**ASK OF THOSE 16+ INDICATING THEY WERE MARRIED
EXCEPT SPOUSE OF HEAD OF HOUSEHOLD**

Q:FAM2

T:

Is/Are married to anyone who currently lives here
or to someone outside the household?
IF YES ASK: Which member of the household are they married to?

	PERSON	AGE	GENDER (1=M 2=F)	MARRIED? (1 = YES)
10				
11				
12				
13				
14				
15				
16				
17				
18	PERSON MARRIED TO SOMEONE OUTSIDE THE HH			
77	PERSON IS NOT MARRIED			
98	DK			
99	REF			

ASK OF THOSE < 18 AND NOT CHILDREN OF THE PRIMARY FAMILY IN THE HOUSEHOLD

Q:FAM3

T:

Is anyone living here the parent or
guardian of ?

INTS: SOMEONE UNDER 18 CANNOT BE THE
GUARDIAN!!

IF YES: Which member of the household?

PERSON	AGE
10	
11	
12	
13	
14	
15	
16	
17	
18	NO ONE IN HH IS THE PARENT/GUARDIAN
98	DK
99	REF

Q:FAM5

T:

Just to verify these relationships...

INTS: READ RELATIONSHIPS BETWEEN MEMBERS OF HOUSEHOLD

PERSON	UNIT	AGE	MARRIED (1=Y)	REL
				Head of Household

Is this correct?

- 1 YES
- 2 No
- 3 NEED TO CHANGE UNIT NUMBERS

ASK OF THOSE WITH MORE THAN ONE FAMILY UNIT

Q:UNITSCRN

T:

for the rest of the interview I'll ask you to give me health related information about everyone you listed.

If there is anyone in the household you think you couldn't answer these questions about, please let me know now.

INTS: SELECT MEMBERS RESPONDENTS INDICATED THEY ARE NOT FAMILIAR WITH.

10

11

12

13

14

15

16

17

77 NO MORE

18 FAMILIAR WITH EVERYONE

Q:QB1a

T:

Now, about each person's health in general...

PRESS <1> TO CONTINUE

Q:QB1

T:

Would you say FILL NAME (r/'s) health, in general, is
(READ RESPONSES AS NEEDED)

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

8 DK

9 REF

Q:QB2A

T:

About how tall is/are FILL NAME without shoes on?

INTS: ENTER NUMBER OF FEET HERE AND THEN ENTER
NUMBER OF INCHES IN NEXT QUESTION

IF DK ASK: What is your best estimate?

1 - 7 ENTER NUMBER OF FEET

8 DK

9 REF

Q:QB2b

T:

About how tall is/are FILL NAME without shoes on?

INTS: INPUT NUMBER OF INCHES HERE.

0 - 11 ENTER NUMBER OF INCHES

98 DK

99 REF

Q:QB3

T:

About how much does/do FILL NAME weigh in pounds without shoes on?

IF DK ASK: What is your best estimate?

1 - 996 ENTER NUMBER OF POUNDS

997 997 OR MORE

998 DK

999 REF

Q:QE1a

T:

Next I'm going to ask about several medical conditions.

Does anyone in the household now have

Arthritis or rheumatism?

IF YES ASK: Who has arthritis or rheumatism?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH WITH CONDITION

98 DK

99 REF

ASK OF THOSE INDICATED AS HAVING ARTHRITIS OR RHEUMATISM

Q:QE1aa

T:

Did a doctor say FILL NAME that you/he/she have/has Arthritis

or Rheumatism?

1 YES

2 NO

8 DK

9 REF

Q:QE1b
T:

Asthma?

PROMPT: Does anyone in the household have ____
IF YES ASK: Who has asthma?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH WITH CONDITION
98 DK
99 REF

ASK OF THOSE INDICATED AS HAVING ASTHMA

Q:QE1ba
T:

Did a doctor say FILL NAME that you/he/she have/has Asthma?

1 YES
2 NO

8 DK
9 REF

Q:QE1c
T:

Any other respiratory or breathing problems such as Emphysema
or chronic bronchitis?

PROMPT: Do you or anyone in the household have ____?
IF YES ASK: Who has a respiratory or breathing problem?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH WITH CONDITION
98 DK
99 REF

ASK OF THOSE WITH ASTHMA

Q:AS00

T:

Now, I'd like to ask you some questions
about (r/'s) asthma.

ENTER <1> TO CONTINUE

ASK OF THOSE WITH ASTHMA

Q:AS01

T:

How old was FILL NAME when a doctor said FILL NAME had asthma?

0 - 95 ENTER AGE

96 96 OR OLDER

97 DOCTOR DID NOT TELL

98 DK

99 REF

ASK OF THOSE WITH ASTHMA

Q:AS02

T:

During the past 12 months, how many times did FILL NAME see a doctor,
or other health professional for a routine checkup for asthma?

0 NONE, NO TIMES

1 - 96 ENTER NUMBER

97 97 OR MORE

98 DK

99 REF

ASK OF THOSE WITH ASTHMA

Q:AS03

T:

Do\Does FILL NAME have a written management or action plan for asthma?

IF NEEDED: A written management plan for asthma may also be called
an "asthma action plan". It is a set of instructions from
a doctor about how to self-manage asthma.

MANY ASTHMATICS MAY NOT KNOW WHAT THIS TERMINOLOGY REFERS TO UNLESS
THEY HAVE BEEN PROVIDED SUCH A PLAN. IF THEY DON'T RECOGNIZE THE
TERMINOLOGY, CODE AS DK.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE WITH ASTHMA

Q:AS04

T:

People with asthma may use 2 kinds of inhalers. Maintenance inhalers are used once or twice daily to prevent asthma attacks from happening. Rescue inhalers are used for emergencies when an asthma attack does happen.

IF NEEDED: Albuterol is a rescue inhaler and Maintenance inhalers include flowvent, vanceril, beclovent, asmacort, aerobid, pulmicort).

ENTER <1> TO CONTINUE

ASK OF THOSE WITH ASTHMA

Q:AS04d

T:

Do/does FILL NAME use a maintenance inhaler?

INTS: MAINTENANCE INHALERS, LIKE FLOWVENT
(ALSO VANCERIL, BECLOVENT, ASMACORT, AEROBID,
PULMICORT) ARE USED ONCE OR TWICE DAILY, TO PREVENT
AN ASTHMA ATTACK FROM HAPPENING.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE WITH ASTHMA

Q:AS04b

T:

About how often do/does
have to use a rescue inhaler?

INTS: ENTER THE UNIT OF TIME HERE, YOU WILL
ENTER THE # OF TIMES IN THE NEXT QUESTION

TIMES PER:

- 1 DAY
- 2 WEEK
- 3 MONTH
- 4 YEAR

- 5 DOES NOT USE A RESCUE INHALER
- 6 DOES NOT HAVE RESCUE INHALER
- 8 DK
- 9 REF

**ASK OF THOSE WITH ASTHMA AND
USING RESCUE INNHALER**

Q:AS04c

T:

INTS: ENTER THE NUMBER OF TIMES PER UNIT INDICATED IN AS04B

About how often do/does
have to use the rescue inhaler?

TIMES PER FILL UNIT:

- 0 NONE
- 1-96 ENTER NUMBER OF TIMES
- 97 97 OR MORE TIMES

- 98 DK
- 99 REF

Q:QB4a

T:

Has anyone ever been told by a
doctor that they have diabetes

INTS: DO NOT INCLUDE PRE-DIABETES, POTENTIAL DIABETES,
OR BORDERLINE DIABETES

IF YES ASK: Who is that?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH WITH CONDITION

98 DK

99 REF

Q:QB41

T:

Has anyone in the household ever been told by a doctor
that they have sugar in their urine, or high blood sugar?

IF YES ASK: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH WITH CONDITION
98 DK
99 REF

**ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR AND
FEMALES 14 AND OLDER**

Q:QB4b

T:

Did FILL NAME have FILL DIABETES/HIGH BLOOD SUGAR
ONLY during pregnancy?

1 YES (DO NOT CONTINUE WITH DIABETES QUESTIONS)
2 NO

8 DK
9 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB42

T:

How old were/was FILL NAME when FILL NAME (r/'s)
FILL DIABETES/HIGH BLOOD SUGAR was first discovered?

0 - 96 ENTER AGE IN YEARS
97 97 OR MORE

98 DK
99 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB4d1

T:

About how often do/does **FILL NAME** check your/his/her blood for glucose or sugar? Include the times when it is checked by yourself/himself/herself, a family, or friends.
DO NOT include the times when checked by a health professional.

INTS: ENTER THE UNIT OF TIME HERE, YOU WILL
ENTER THE # OF TIMES IN THE NEXT QUESTION

TIMES PER:

- 1 DAY
- 2 WEEK
- 3 MONTH
- 4 YEAR

- 5 DO NOT CHECK BLOOD/GLUCOSE
- 8 DK
- 9 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB4d2

T:

INTS: ENTER THE NUMBER OF TIMES PER THE UNIT INDICATED IN QB4d1:

About how often do/does check your/his/her blood for
glucose or sugar?

TIMES PER :

0 NONE
1 - 96 ENTER
97 97 OR MORE

98 DK
99 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB4c

T:

Are/is FILL NAME now taking insulin to control your/his/her
FILL DIABETES/HIGH BLOOD SUGAR?

1 YES
2 NO

8 DK
9 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB4c1

T:

Are/is FILL NAME now taking pills to control your/his/her
FILL DIABETES/HIGH BLOOD SUGAR?

1 YES
2 NO

8 DK
9 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB4e

T:

About how many times in the last 12 months have/has
seen a doctor, nurse, or other health professional for
your/his/her FILL DIABETES/HIGH BLOOD SUGAR?

- 0 NONE
- 1 - 97 ENTER NUMBER
- 97 97 OR MORE

- 98 DK
- 99 REF

ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR

Q:QB4f0

T:

Have/Has ever taken a course or class on how to
manage your/his/her FILL DIABETES/HIGH BLOOD SUGAR by yourself/himself/herself?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF THOSE INDICATED AS HAVING DIABETES OR HIGH BLOOD SUGAR AND
INDICATING YES TO QB4F0**

Q:QB4f

T:

In the past 12 months have/has attended at least
one diabetes education group session or a one-on-one
counseling session with a diabetes educator, nurse, dietitian,
or pharmacist?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:QI01

T:

During the past 12 months, has anyone in the household had an injury or poisoning that required being seen or treated by a medical professional?

IF YES ASK: Who has had an injury or poisoning?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH HAD ACCIDENT

98 DK

99 REF

ASK OF THOSE INDICATING INJURY OR POISONING

Q:QI011

T:

How many different injuries did _____ have in the past 12 months?

INTS: THESE ARE AN INJURY OR POISONING THAT REQUIRED BEING SEEN
OR TREATED BY A MEDICAL PROFESSIONAL.

0 NONE

1 - 96 ENTER NUMER

97 97 OR MORE

98 DK

99 REF

ASK OF THOSE INDICATING INJURY OR POISONING

Q:QI01a

T:

What was the main cause of (r/'s) (most recent)
injury?

- 10 AUTO OR MOTORCYCLE CRASH
- 11 FALL
- 12 BICYCLE, TRICYCLE CRASH
- 13 SKATEBOARD
- 14 SCOOTER
- 15 ROLLERBLADE
- 16 POISON/OVERDOSE
- 17 CUT, SLASH, PUNCTURE
- 18 HIT/STRUCK BY PERSON
- 19 HIT/STRUCK BY OBJECT
- 20 OTHER (SPECIFY)

- 98 DK
- 99 REF

ASK OF THOSE INDICATING INJURY OR POISONING

Q:QI01b

T:

About (r/'s) most recent injury. Was it accidental,
did someone hurt on purpose or did
hurt yourself/himself/herself on purpose?

1 ACCIDENTAL

2 SOMEONE HURT

3 HURT HIMSELF/HERSELF

8 DK

9 REF

Q:QD00

T:

Now, about avoiding accidents.

ENTER <1> TO CONTINUE

Q:QD02

T:

Has anyone in the household done any bicycle riding
in the past 12 months?

IF YES ASK: Who has ridden a bicycle?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH RODE BICYCLE

98 DK

99 REF

ASK OF THOSE RIDING BICYCLE

Q:QD02b

T:

When riding a bicycle, do/does FILL NAME wear a bicycle helmet...
(READ RESPONSES)

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while, or
- 4 Never, or
- 5 Do/does FILL NAME not own a bicycle helmet?
- 8 DK
- 9 REF

ASK OF THOSE AGE 4-15

Q:QD03

T:

Has FILL NAME used a scooter, skateboard, or rollerblades
in the past 12 months?

IF YES THEN ASK: Was that a...
(READ RESPONSES)

SELECT ALL MENTIONED BY RESPONDENT

- 1 Scooter
- 2 Skateboard
- 3 Rollerblades
- 4 NO MORE
- 5 NO, NONE OF THESE
- 8 DK
- 9 REF

**ASK OF THOSE RIDING SCOOTER, SKATEBOARD, ROLLERBLADES AND
AGE 4-15**

Q:QD03b

T:

When using the scooter, skateboard, or rollerblades,
does FILL NAME wear a helmet...
(READ RESPONSES)

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while
- 4 Never, or
- 5 Does FILL NAME not own a helmet?
- 8 DK
- 9 REF

ASK OF THOSE 80 POUNDS OR HEAVIER

Q:QD04

T:

When riding or driving in a car, do/does FILL NAME
wear a seat belt...

(READ RESPONSES)

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while, or
- 4 Never
- 6 DOES NOT RIDE IN CAR

- 8 DK
- 9 REF

ASK OF THOSE 22 POUNDS OR LIGHTER

Q:QD05

T:

When riding in a car, is FILL NAME buckled into an infant only or convertible car safety seat...

(READ RESPONSES)

INTS IF THEY ASK WHY QUESTION IS ASKED: This question is based on the child's weight and follows guidelines from the National Highway and Safety Agency on what type of safety seat should be used by children of different sizes.

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while
- 4 Never
- 5 Or is there no safety seat for this person?
- 6 DOES NOT RIDE IN CAR

- 8 DK
- 9 REF

ASK OF THOSE 22 POUNDS OR LIGHTER

AND INDICATING ALL OF THE TIME, SOME OF THE TIME, ONCE IN A WHILE TO QD05

Q:QD05a

T:

When FILL NAME is buckled in the safety seat, is FILL NAME in the safety seat facing backward?

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while, or
- 4 Never?
- 5 THERE IS NO SAFETY SEAT FOR THIS PERSON
- 6 DOES NOT RIDE IN CAR

- 8 DK
- 9 REF

ASK OF THOSE 23-39 POUNDS

Q:QD06

T:

When riding in a car, is _____ buckled into a convertible
or forward facing car safety seat?

INTS IF THEY ASK WHY QUESTION IS ASKED: This question is based on the
child's weight and follows guidelines from the National Highway and
Safety Agency on what type of safety seat should be used by children
of different sizes.

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while
- 4 Never
- 5 Or is there no safety seat for this person?
- 6 DOES NOT RIDE IN CAR

- 8 DK
- 9 REF

ASK OF THOSE 40-79 POUNDS

Q:QD07

T:

When riding in a car, is FILLNAME _____ buckled into a booster seat...
(READ RESPONSES)

INTS IF THEY ASK WHY QUESTION IS ASKED: This question is based on the
child's weight and follows guidelines from the National Highway and
Safety Agency on what type of safety seat should be used by children
of different sizes.

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while
- 4 Never
- 5 Or is there no booster seat for this person?
- 6 DOES NOT RIDE IN CAR

- 7 MY CHILD IS TOO BIG FOR BOOSTER SEAT
- 8 DK
- 9 REF

**ASK OF THOSE 40-79 POUNDS AND
ANSWER NEVER, NO BOOSTER SEAT, CHILD TOO BIG FOR BOOSTER SEAT, DK, OR REF TO
QD07**

Q:QD04x

T:

When riding or driving in a car, do/does FILL NAME
wear a seat belt...

(READ RESPONSES)

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while, or
- 4 Never
- 6 DOES NOT RIDE IN CAR

- 8 DK
- 9 REF

ASK OF THOSE AGE 12 AND YOUNGER

Q:QD08A

T:

Does ride in the back seat of the car...

(READ RESPONSES)

- 1 All or most of the time
- 2 Some of the time
- 3 Once in a while, or
- 4 Never
- 5 DOES NOT RIDE IN CAR

- 8 DK
- 9 REF

ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD AND

AGE 0-6

Q:QD080

T:

Now some questions about children.

ENTER <1> TO CONTINUE

ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD

AGE 4-6

Q:QD08

T:

Is **FILL NAME** attending...
(READ RESPONSES)

- 1 Preschool
- 2 Nursery school
- 3 Head Start
- 4 Kindergarten
- 5 First grade, or
- 6 None of these

- 8 DK
- 9 REF

ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD

AGE 4-6

Q:QD08B

T:

Other than any time **FILL NAME** spent in school, in the past four weeks, has **FILL NAME** been cared for in any regular childcare arrangement, such as a daycare center, babysitter, relative or an after-school program?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD
AGE 0-3**

Q:QD09

T:

In the past four weeks, has **FILL NAME** been cared for in any regular childcare arrangement, such as a daycare center, babysitter, or with a relative?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD
AGE 0-6 AND
INDICATING YES TO DD08 or QD09**

Q:QD10

T:

In which one place was **FILL NAME** cared for the most...
(READ RESPONSES)

- 1 Their own home
- 2 A relative's home
- 3 Some other private home
- 4 A day-care center
- 5 An after-school program at a school, church, or YMCA, or
- 6 Somewhere else? (SPECIFY)

- 8 DK
- 9 REF

Q:QDL01

T:

During the past 12 months, have you/has anyone in the household had a sunburn? This includes any time that even a small part of skin was red for more than 12 hours.

IF YES ASK: Who has had a sunburn?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO SUNBURNS IN HH

98 DK

99 REF

ASK OF THOSE INDICATING SUNBURN

Q:QDL02

T:

Including times when even a small part of FILL NAME (r/'s) skin was red for more than 12 hours, how many sunburns have/has FILL NAME had within the past 12 months?

1 - 6 ENTER NUMBER

7 7 OR MORE

8 DK

9 REF

10 HAVE NOT HAD SUNBURNS

Q:QDL03

T:

During the past 12 months, did anyone in the household ever put sunscreen or sun block lotion on their skin to protect against sunburn?

IF YES ASK: Who put sun screen on their skin?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO SUNSCREEN OR SUNBLOCK USE IN HH

98 DK

99 REF

Q:QDL04

T:

During the past 12 months, did anyone in the household wear hats or protective clothing to protect against sunburn?

IF YES ASK: Who was that?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE WEARS HATS OR PROTECTIVE CLOTHING IN HH

98 DK

99 REF

Q:DIS0

T:

I am now going to ask about the effects of any physical, mental, or emotional health problems that may or may not apply to you and your household.

ENTER <1> TO CONTINUE

ASK OF THOSE 4 OR YOUNGER

Q:DIS1

T:

Is any child in the household limited in the KIND OR AMOUNT OF PLAY ACTIVITIES they can do because of a physical, mental, or emotional problem?

IF YES ASK: Which member(s) of the household?

10
11
12
13
14
15
16
17

77 NO MORE

88 NO ONE LIMITED IN HH

98 DK

99 REF

**ASK OF THOSE 4 OR YOUNGER AND
SELECTED IN DIS1**

Q:DIS2

T:

Is FILL NAME able to take part AT ALL in the usual kinds of play activities done by most children FILL NAME 's age?

1 YES
2 NO

8 DK
9 REF

ASK OF THOSE AGE 17 AND YOUNGER

Q:DIS3

T:

Does any child in the household receive Special Educational or Early Intervention Services?

IF YES ASK: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

ASK OF THOSE AGE 5-17

Q:DIS4

T:

Is any child in the household limited IN SCHOOL ATTENDANCE because of a physical, mental, or emotional problem?

IF YES ASK: Who is that?

10
11
12

13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

ASK OF THOSE 5 AND OLDER

Q:DIS5

T:

Because of a physical, mental, or emotional problem, does anyone in the household need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside the home?

IF YES ASK: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

ASK OF THOSE 18 AND OLDER

Q:DIS6

T:

Because of a physical, mental, or emotional problem, does anyone in the household need the help of other persons in HANDLING ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

IF YES ASK: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

ASK OF THOSE 18 AND OLDER

Q:DIS7

T:

Does a physical, mental, or emotional problem NOW keep anyone
in the household from WORKING at a job
or business?

IF YES ASK: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

**ASK OF THOSE 18 AND OLDER
AND NOT SELECTED IN DIS7**

Q:DIS8

T:

Is anyone (else) in the household limited in the
kind OR amount of work they can do because of a physical,
mental or emotional problem?

IF YES ASK: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

Q:DIS9

T:

Because of a health problem, does anyone in the household
have difficulty walking without using any special equipment?

IF YES ASK: Who is that?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

Q:DIS10

T:

Is anyone in the household LIMITED IN ANY WAY because of
difficulty remembering or because they experience(s) periods
of confusion?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

ASK OF THOSE NOT SELECTED IN ANY OF DIS1 TO DIS10

Q:DIS11

T:

Is anyone (else) in the household LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

IF YES ASK: Which member(s) of the household?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

ASK OF THOSE SELECTED IN ANY OF DIS1 TO DIS11

Q:DIS13

T:

What is the major condition or health problem
causing FILL NAME (r/'s) limitation?

INTS: ACCEPT UP TO THREE ANSWERS

10	Arthritis	25	Injury
11	Asthma/other breathing problem	26	Learning disability, ADD
13	Back or neck problem	28	Mental retardation
14	Birth defect(Dwns sydrm, crbrl plsy)	32	Senility, Alzheimer's, Dementia
15	Bone, joint, or muscle problem	33	Speech problem
16	Cancer	34	Stroke problem
18	Depression/anxiety/emtnl/bhvral prob	35	Vision/problem seeing
19	Diabetes	36	Weight problem
20	Epilepsy	37	Other impairment (SPECIFY)
22	Hearing problem	39	NONE
23	Heart problem	98	DK
24	Hypertension/high blood pressure	99	REF

ASK OF THOSE SEELCTED IN ANY OF DIS1 TO DIS11 AND
INDICATING DEPRESSION/ANXIETY/EMTNL/BHVRAL PROB IN DIS13

Q:DIS15

T:

Are/is FILL NAME being treated by a health
professional for this condition?

1 YES
2 NO

8 DK
9 REF

Q:PA00

T:

Next I have some questions about ways people get exercise.

During the past 30 days, other than for a regular job or in school,
did anyone do any physical activities or exercise such as
running, sports, yard work, heavy housework, or
walking for exercise?

IF YES ASK: Who was that?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH EXERCISES, DOES PHYSICAL ACTIVITIES
98 DK
99 REF

Q:PA01

T:

Does anyone USUALLY WALK or BIKE to school,
work, or other daily activities?

IF YES ASK: Who walks or bikes?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH BIKES OR WALKS

98 DK

99 REF

ASK OF THOSE AGE 2 TO 15

Q:PA07

T:

Assuming the weather is nice, about how often does FILL NAME play or do physical activities outdoors? This would include school recesses and participation in sports. Would you say...

(READ RESPONSES)

- 1 Almost Every day
- 2 2-3 times a week
- 3 Several times each month, or
- 4 Hardly ever or never

- 8 DK
- 9 REF

ASK OF THOSE AGE 2 TO 15

Q:PA06

T:

Are there safe outdoor places in your neighborhood where your children can play?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK OF THOSE 16 AND OLDER

Q:F1

T:

Next I have several questions about tobacco use.
Do you or does anyone smoke cigarettes now?

IF YES: Who smokes?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH SMOKES
98 DK
99 REF

**ASK OF THOSE INDICATED AS SMOKING AND
16 AND OLDER**

Q:F1a

T:

Do/does FILL NAME now smoke cigarettes every day or only on
some days?

1 EVERY DAY
2 SOME DAYS
3 NOT AT ALL

8 DK
9 REF

ASK OF THOSE INDICATED AS SMOKING AND
16 AND OLDER AND
SMOKING EVERY DAY IN F1a

Q:F1a1

T:

About how many cigarettes do/does FILL NAME
usually smoke in an average day?

0 - 96 ENTER NUMBER
97 97 OR MORE

98 DK
99 REF

ASK OF THOSE INDICATED AS SMOKING AND
16 AND OLDER AND
INDICATING SMOKING SOME DAYS IN F1a

Q:F1a1a

T:

About how many cigarettes do/does
usually smoke on the days FILL NAME do/does smoke?

0 - 96 ENTER NUMBER
97 97 OR MORE

98 DK
99 REF

**ASK OF THOSE INDICATED AS SMOKING AND
16 AND OLDER**

Q:F1b

T:

During the past 12 months, have/has FILL NAME stopped
smoking for one day or longer because you/she/he were/was
trying to quit smoking?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE NOT INDICATED AS SMOKING AND
16 AND OLDER**

Q:F2

T:

INTS: IF THERE IS NO ONE LISTED BELOW, DO NOT ASK THE QUESTION
SELECT 88 AND GO ON TO THE NEXT QUESTION.

Is anyone a former smoker?

IF YES: Who is a former smoker?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH FORMER SMOKER

98 DK

99 REF

ASK OF THOSE INDICATED AS FORMER SMOKERS AND
NOT INDICATED AS SMOKING AND
16 AND OLDER

Q:F2a

T:

About how long has it been since **FILL NAME** last smoked cigarettes?

INTS: ENTER THE UNIT OF TIME HERE, YOU WILL
ENTER THE # OF TIMES IN THE NEXT QUESTION

IT HAS BEEN:

- 1 DAY
- 2 WEEK
- 3 MONTH
- 4 YEAR

- 5 NEVER SMOKED CIGARETTES
- 8 DK
- 9 REF

ASK OF THOSE INDICATED AS FORMER SMOKERS AND
NOT INDICATED AS SMOKING AND
16 AND OLDER

Q:F2a1

T:

INTS: ENTER THE NUMBER OF TIMES PER THE UNIT INDICATED IN F2a

About how long has it been since **FILL NAME** last smoked cigarettes?

NUMBER OF :

- 0 - 96 ENTER NUMBER
- 97 97 OR MORE

- 98 DK
- 99 REF

Q:F2b

T:

Does anyone, whether they live in your household or not,
smoke regularly inside your house or apartment?

INTS: REGULARLY MEANING EVERY DAY OR ALMOST
EVERY DAY

1 YES

2 NO

8 DK

9 REF

ASK OF ALL WITH ONE OR MORE CHILDREN AGE 17 OR YOUNGER

Q:F2c

T:

Does anyone, whether they live in your household or not,
smoke regularly inside the vehicle your family uses for transportation?

1 YES

2 NO

3 NO VEHICLE USED FOR HH'S TRANSPORTATION

8 DK

9 REF

Q:G1
T:

Within the past 12 months, about how many times
did FILL NAME see a doctor or health care provider about
your/his/her health, NOT COUNTING when you/he/she may have stayed
overnight in the hospital?

INTS: THIS DOES NOT INCLUDE INSTANCES SUCH AS GETTING A FLU SHOT THROUGH WORK
OR CHECKING THEIR BLOOD PRESSURE AT THE PHARMACY

0 NONE
1 - 96 ENTER NUMBER OF VISITS
97 97 OR MORE

98 DK
99 REF

ASK OF THOSE WITH AT LEAST ONE VISIT IN G1

Q:G1a
T:

How many of those visits were for strictly routine
check-ups, that is when, FILL NAME were/was not sick?

0 NONE
1 - 96 ENTER NUMBER OF VISITS
97 97 OR MORE

98 DK
99 REF

Q:G4new

T:

Is there one place that EVERYONE living in the household usually goes when they are sick or need medical attention OR do they typically go to different places?

- 1 YES, EVERYONE USUALLY GOES ONE PLACE
- 2 NO, GO TO DIFFENT PLACES
- 3 NO ONE GOES TO THE DOCTOR

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:G4anew

T:

What kind of place is this...
(READ RESPONSES)

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE
TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

- 10 A private doctor's office,
- 11 Neighborhood health center,
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (specify)

77 DO NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:G4alnew

T:

Is this the same place EVERYONE goes when they need routine or preventive care, such as a regular check-up?

- 1 YES
- 2 NO

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION

Q:G4bnew

T:

What kind of place do household members usually go when they need routine or preventive care, such as a regular check-up?

(READ RESPONSES)

- 10 A private doctor's office,
- 11 Neighborhood health center,
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (specify)

77 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION,
THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO G4new

Q:G4

T:

Is there a place that FILL NAME usually go/goes when you/he/she
are/is sick or needs medical attention?

- 1 YES
- 2 NO, NO USUAL PLACE
- 3 YES, MORE THAN ONE USUAL PLACE
- 4 NEVER GO TO THE DOCTOR

- 8 DK
- 9 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION,
THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO G4new AND
ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO G4

Q:G4a

T:

IF (G4 = 1)
What kind of place is it?

ELSE
What kind of place do/does FILL NAME go most often...

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE
TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

READ RESPONSES

- 10 A private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care, or
- 16 Some other place (specify)
- 17 DOES NOT GO ONE PLACE MOST OFTEN
- 98 DK
- 99 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION,
THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO G4new AND
ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO G4

Q:G4a1

T:

Is this the same place usually go/goes when you/he/she
need(s) routine or preventive care, such as a regular check-up/well baby
check-up?

1 YES

2 NO

8 DK

9 REF

ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION,
THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO G4new AND
ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR TO G4

Q:G4b

T:

What kind of place do/does usually go to when you/she/he
needs routine or preventive care, such as a
 REGULAR CHECK-UP/WELL BABY CHECK-UP?

READ RESPONSES

10 A private doctor's office (or group practice)

11 Neighborhood health center (or community clinic)

12 Hospital outpatient department

13 Emergency room

14 Walk-in or urgent care, or

16 Some other place (specify)

17 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

**ASK OF THOSE AGE 17 OR YOUNGER AND
NOT INDICATING THEY NEVER GO TO THE DOCTOR AND
PARENT WAS PARENT/GUARDIAN**

Q:QG4b1

T:

Thinking about the last time FILL NAME visited a
FILL PLACE FROM G4a/G4b

Were you satisfied with your ability to get your questions answered?

- 1 Yes
- 2 No
- 3 CHILD DID NOT VISIT
- 4 DO NOT KNOW ENOUGH ABOUT THE CHILD

- 8 DK
- 9 REF

**ASK OF THOSE AGE 17 OR YOUNGER AND
NOT INDICATING THEY NEVER GO TO THE DOCTOR**

Q:QG4b2

T:

Were you satisfied with your ability to get all the care
FILL NAME needed?

- 1 Yes
- 2 No

- 8 DK
- 9 REF

**ASK OF THOSE AGE 17 OR YOUNGER AND
NOT INDICATING THEY NEVER GO TO THE DOCTOR**

Q:QG4b3

T:

Were you satisfied with your ability to get referrals to specialists
if needed for ?

- 1 Yes
- 2 No

- 3 N/A HAVE NEVER NEEDED SPECIALISTS
- 8 DK
- 9 REF

Q:G5

T:

During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it:

ENTER <1> TO CONTINUE

Q:G5a

T:

Medical care from a doctor?

PROMPT: During the past 12 months was there any time anyone in the household needed _____ but didn't get it because they could not afford it?

IF YES: Who was that?

10

11

12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

Q:G5b

T:

Prescription Medicines?

PROMPT: During the past 12 months was there any time
anyone in the household needed _____ but didn't get them because
they could not afford it?

IF YES: Who was that?

10

11

12

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14

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16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

Q:G5c

T:

Mental health care or counseling?

PROMPT: During the past 12 months was there any time
anyone in the household needed _____ but didn't get it because
they could not afford it?

IF YES: Who was that?

10

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16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

Q:G5d

T:

Dental care (including checkups)?

PROMPT: During the past 12 months was there any time
anyone in the household needed _____ but didn't get it because
they could not afford it?

IF YES: Who was that?

10

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12

13

14

15

16

17

77 NO MORE

88 NO ONE IN HH

98 DK

99 REF

Q:INSINTO

T:

The next questions will be about HEALTH INSURANCE.
By this I mean any program or plan that pays any part of
hospital or doctor bills. For example, Medicare, Medicaid,
Rite Care, Military or Veterans benefits, Blue Cross,
Blue Chip, United Health Plan, or Metropolitan.

IF NEEDED:

It includes health insurance that anyone gets through employment
or that anyone pays for directly, as well as any government
programs like Medicare and Medicaid that help pay medical bills.

USE THESE AS PROMPTS AS NEEDED:

Medicare is a NATIONAL health insurance program for people
65 years and older and for certain people with disabilities.

Medicaid including RITE CARE is offered through the STATE OF
RHODE ISLAND for persons with lower incomes or with certain
disabilities.

ENTER <1> TO CONTINUE

Q:INSALL
T:

Are/is FILL NAME covered by ANY type of health insurance?

IF YES ASK: Which of the following types of insurance
is this person covered by? (READ RESPONSES AND SELECT ALL MENTIONED)

- 10 Private health insurance (Examples include Blue Cross and United)
- 11 MEDICARE
- 12 RITE CARE
- 13 MEDICAID (OTHER THAN RITE CARE)
- 14 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 15 Some other type of insurance (SPECIFY)

- 77 NO MORE
- 88 NO INSURANCE COVERAGE
- 98 DK
- 99 REF

ASK OF ALL 65 AND OLDER WHO DID NOT INDICATE MEDICARE COVERAGE

Q:INSALL1
T:

I noticed that FILL NAME is 65 or older and you indicated
this person was NOT covered by Medicare. Is this correct?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK OF ALL INDICATING NO INSURANCE, DK, OR REF TO INSALL

Q:INSALL2
T:

You indicated FILL NAME is not covered by health
insurance, is this correct?

INTS: USE AS NEEDED:

Health insurance is any program or plan that anyone gets through
employment or that anyone pays for directly, as well as any government
programs like Medicare and Medicaid that help pay medical bills.

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED COVERED BY PRIVATE INSURANCE AND
IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE**

Q:INSPRIV0

T:

Are the people you indicated above as covered by private insurance
ALL covered under the SAME health insurance plan?

IF YES: Who is the policy holder for this plan?

IF NO: Which members of the household are policy
holders for a private health insurance plan?

INTS: PRIVATE INSURANCE PLANS CAN BE PROVIDED THROUGH AN EMPLOYER,
A RETIREMENT PLAN, A SCHOOL, OR PURCHASED DIRECTLY

10
11
12
13
14
15
16
17

77 NO MORE
87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER
88 NO ONE IN HH IS A POLICY HOLDER
98 DK
99 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND
IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE**

Q:INSP0a

T:

Next, I need to know which members of the household are covered
by each of these private health insurance plans.

Which members are covered under FILL NAME's policy?

10
11
12
13
14
15
16
17

77 NO MORE
88 NO ONE IN HH
98 DK
99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSPRIV1

T:

Is **FILL NAME** (r/'s) PRIVATE HEALTH INSURANCE provided through Blue Cross/Blue Shield, United Health Plan, Neighborhood Health Plan of Rhode Island, or some other company?

IF BLUE CROSS ASK: Is this classic or regular blue cross, health mate, state blue, blue cross plan 65, blue chip, or some other blue cross plan?

- 10 REGULAR BLUE CROSS
- 11 CLASSIC BLUE CROSS
- 12 HEALTH MATE - BLUE CROSS
- 13 STATE BLUE - BLUE CROSS
- 14 BLUE CROSS PLAN 65
- 15 OTHER BLUE CROSS (SPECIFY)
- 16 BLUE CROSS UNSURE OF PLAN
- 17 BLUE CHIP
- 18 UNITED HEALTH PLAN
- 19 NEIGHBORHOOD HEALTH PLAN OF RI
- 20 RITE CARE (WILL CODE AS MEDICAID)
- 21 OTHER PROVIDER (SPECIFY)
- 22 NO PRIVATE INSURANCE
- 23 THROUGH THE STATE, SOCIAL SERVICES (NOT AS/FROM STATE EMPLOYEE)
- 98 DK
- 99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS AND COVERED BY BLUE CHIP, UHP, NHP OF RI, OR BLUE CROSS UNSURE OF PLAN

Q:INSPRIV2

T:

Does **FILL NAME** have **FILL HEALTH INSURANCE PROVIDER** through the state's Rite Care Program?

- 1 YES (CODE AS COVERED BY MEDICAID) - SKIP TO INSPRIV7
- 2 NO
- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSPRIV3

T:

Is this plan provided through EMPLOYMENT,
such as from an employer, through a labor union, through
a family business, or some other employer based plan?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND
COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INSPRIV4

T:

Does the employer or labor union pay for half or more of the
cost of this plan?

- 1 YES
- 2 NO PAY LESS THAN HALF

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND
COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INSPRIV5

T:

Does the employer or labor union offer a choice of
more than one health plan?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND
NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INPRIV5A

T:

Is **FILL NAME** (r/'s) insurance provided through...
(READ RESPONSES)

- 1 COBRA or a former employer,
- 2 A retirement plan,
- 3 A school, college, or university, or
- 4 Was the plan purchased directly?
- 5 OTHER (SPECIFY)
- 6 THROUGH THE STATE, SOCIAL SERVICES (NOT AS/FROM STATE EMPLOYEE)
- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND
65 AND OLDER AND
THAT DID NOT INDICATE COVERAGE BY BLUE CROSS PLAN 65**

Q:INSPRIV6

T:

Is this private insurance policy a PRIVATE Medicare supplement such as Blue Cross Plan 65, to help cover expenses not paid by Medicare OR is this a separate private health insurance plan?

INTS: IF RESPONDENTS INDICATE COVERAGE BY BLUE CROSS PLAN 65
SELECT BLUE CROSS PLAN 65

- 1 BLUE CROSS PLAN 65
- 2 OTHER MEDICARE SUPPLEMENT
- 3 PRIVATE HEALTH INSURANCE
- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSPRIV7

T:

Do/Does (r/'s) health insurance plan cover the costs of
prescription drugs?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATED COVERED BY MEDICARE
(THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND
YOUNGER THAN 65**

Q:MCARE1

T:

Just to verify, are/is **FILL NAME** covered by national MEDICARE,
or are they covered through the state's MEDICAID program for those
with lower incomes or certain disabilities, or both these programs?

INTS:

MEDICARE IS A NATIONAL HEALTH INSURANCE PROGRAM FOR PEOPLE
65 YEARS AND OLDER AND FOR CERTAIN PEOPLE WITH DISABILITIES.

MEDICAID INCLUDING RITE CARE IS OFFERED THROUGH THE STATE OF
RHODE ISLAND FOR PERSONS WITH LOWER INCOMES OR WITH CERTAIN
DISABILITIES.

- 1 MEDICAID ONLY
- 2 MEDICARE ONLY
- 3 BOTH
- 4 NEITHER

- 8 DK
- 9 REF

**ASK OF THOSE INDICATED COVERED BY MEDICARE AND 65 AND OLDER AND
NOT COVERED BY BLUE CROSS PLAN 65**

Q:MCARE2

T:

Do/Does **FILL NAME** have a PRIVATE Medicare supplement such as Blue Cross
Plan 65 or a similar plan, to help cover expenses not paid by Medicare?

INTS: IF THEY SAY IS BLUE CROSS PLAN 65 SELECT THIS OPTION

- 1 BLUE CROSS PLAN 65
- 2 OTHER MEDICARE SUPPLEMENT
- 3 NO

- 8 DK
- 9 REF

ASK OF THOSE INDICATED COVERED BY MEDICAID
(THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE)
AND 65 AND OLDER

Q:MCAID1

T:

Just to verify, are/is covered by the STATE MEDICAID
program, are they covered through the national MEDICARE
program for those 65 and older, or by both these programs?

INTS:

MEDICARE IS A NATIONAL HEALTH INSURANCE PROGRAM FOR PEOPLE
65 YEARS AND OLDER, FOR CERTAIN PEOPLE WITH DISABILITIES.

MEDICAID IS OFFERED THROUGH THE STATE OF RHODE ISLAND
FOR PERSONS WITH LOWER INCOMES AND FOR CERTAIN DISABILITIES.

- 1 MEDICAID ONLY
- 2 MEDICARE ONLY
- 3 BOTH
- 4 NEITHER

- 8 DK
- 9 REF

ASK OF THOSE INDICATED AS UNINSURED IN INSALL

Q:UNIN1

T:

How long have/has **FILL NAME** been without health insurance coverage?

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 98 DK
- 99 REF

ASK OF THOSE INDICATED AS UNINSURED IN INSALL AND UNINSURED FOR 12 MONTHS OR LESS

Q:UNIN2

T:

Why was coverage lost?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 11 COBRA RAN OUT
- 12 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 13 BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL
- 14 EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE
- 15 COST IS TOO HIGH, COST INCREASED
- 16 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 17 MEDICAID/MEDIAL PLAN STOPPED AFTER PREGNANCY
- 18 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB/INCREASE IN INCOME
- 19 LOST MEDICAID COVERAGE (OTHER)
- 20 DON'T NEED INSURANCE
- 21 OTHER (SPECIFY)
- 22 NEW BIRTH - NEVER HAD INSURANCE

- 77 NO MORE
- 88 NONE
- 98 DK
- 99 REF

ASK OF THOSE INDICATED AS UNINSURED IN INSALL

- T:

ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE

Q:WINS1

T:

Have/has FILL NAME been without coverage
anytime in the last 12 months?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS**

Q:WINS2

T:

Why were/was FILL NAME without coverage?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 11 COBRA RAN OUT
- 12 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 13 BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL
- 14 EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE
- 15 COST IS TOO HIGH, COST INCREASED
- 16 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 17 MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY
- 18 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB/INCREASE IN INCOME
- 19 LOST MEDICAID COVERAGE (OTHER)
- 20 DON'T NEED INSURANCE
- 21 OTHER (SPECIFY)
- 22 NEW BIRTH - NEVER HAD INSURANCE

- 77 NO MORE
- 88 NONE
- 98 DK
- 99 REF

ASK OF THOSE 65 AND OLDER

Q:P2

T:

Do/Does FILL NAME receive any support for drug costs
through the Rhode Island Pharmaceutical Assistance for
the Elderly program, run by the Department of Elderly Affairs?

1 YES

2 NO

8 DK

9 REF

Q:Jlnew

T:

Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?

IF YES: Who is that?

10
11
12
13
14
15
16
17

77 NO MORE

88 NO ONE IN HH COVERED BY DENTAL INSURANCE COVERAGE

98 DK

99 REF

ASK IF ANYONE IN HOUSEHOLD IS COVERED BY DENTAL INSURANCE

Q:DINS0

T:

Are the people you indicated above as covered by dental insurance ALL covered under the SAME dental insurance plan?

IF YES: Who is the policy holder for this plan?

IF NO: Which members of the household are policy holders for a dental insurance plan?

10
11
12
13
14
15
16
17

18 COVERED BY SOMEONE OUTSIDE THE HOUSEHOLD

77 NO MORE

88 NO ONE IN HH IS A POLICY HOLDER

98 DK

99 REF

ASK IF MORE THAN ONE POLICY HOLDER.

Q:DINSP0a

T:

Next, I need to know which members of the household are covered by each of these dental insurance plans.

Who is covered under FILL NAME's policy?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 77 NO MORE
- 88 NO ONE IN HH
- 98 DK
- 99 REF

ASK OF EACH POLICY HOLDER IDENTIFIED IN DINS0

Q:J1a

T:

Which plan provides this dental coverage?

- 11 DELTA DENTAL
- 12 BLUE CROSS DENTAL
- 13 OTHER PRIVATE PLAN (SPECIFY)
- 15 RITE CARE
- 16 MEDICARE (SUPPLEMENT OR MANAGED CARE PLAN)
- 17 Military, Veterans, or TRICARE FAMILY DENTAL PLAN
- 18 OTHER (SPECIFY)
- 88 NO DENTAL COVERAGE
- 98 DK
- 99 REF

ASK OF THOSE AGE 1 AND OLDER

Q:J2

T:

About how long has it been since FILL NAME
last went to a dentist or dental hygienist?

READ RESPONSES AS NEEDED

- 1 During the past 12 months
- 2 One to Two years ago (13 - 24 MONTHS)
- 3 Three to five years ago
- 4 More than five years ago
- 5 NEVER

- 8 DK
- 9 REF

**ASK OF THOSE AGE 1 AND OLDER AND
VISTING THE DENTIST DURING THE PAST 12 MONTHS**

Q:J2a

T:

Were any of the visits FILL NAME made during the past 12
months primarily for a checkup or cleaning?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

**ASK OF THOSE AGE 1 AND OLDER AND
WHO HAVE NOT BEEN TO THE DENTIST DURING THE PAST 12 MONTHS**

Q:J2c

T:

What is the main reason **FILL NAME** have/has not visited the
dentist in the past 12 months?

(READ ONLY IF NOT OFFERED)

- 10 Fear, apprehension, nervousness, pain, dislike going
- 11 Cost
- 12 Do not have/know a dentist
- 13 Can't find a dentist who accepts Medicaid
- 14 Cannot get to office/clinic (too far away, no transportation)
- 15 Cannot get in to office/clinic (no appointments available)
- 16 No reason to go (no problems, no teeth)
- 17 Other priorities
- 18 Have not thought of it
- 19 Other priorities, too busy, hasn't had time
- 20 OTHER (SPECIFY)

- 88 NO PARTICULAR REASON
- 98 DK
- 99 REF

ASK OF THOSE AGE 0-5

Q:J3

T:

Did **FILL NAME** ever drink from a baby bottle?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF THOSE AGE 0-5 AND
INDICATING YES TO J3**

Q:J3a

T:

During the period that FILL NAME drank from a baby bottle,
how often did FILL NAME fall asleep at bedtime or
naptime with a bottle of formula, milk, juice or sugar-water
in his/her mouth? Would you say...
(READ RESPONSES)

- 1 Most of the time,
- 2 Some of the time,
- 3 Once in a while, or
- 4 Never

- 8 DK
- 9 REF

ASK OF THOSE AGE 1-5

Q:J3b

T:

Has FILL NAME lost a tooth, or had a tooth removed by a
dentist, for any reason except injury or natural tooth loss?

- 1 YES
- 2 NO
- 3 BABY HAS NO TEETH

- 8 DK
- 9 REF

ASK OF THOSE AGE 1-18

Q:J4

T:

Have/Has FILL NAME had one or more fillings?

- 1 YES
- 2 NO
- 3 BABY NO TEETH

- 8 DK
- 9 REF

ASK OF THOSE AGE 6-18

Q:J6

T:

Dental sealants are special plastic coatings painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments.

Has FILL NAME had sealants painted on his/her teeth?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE COVERED BY MEDICAID INCLUDING RITE CARE

Q:MCAID4

T:

There are many reasons people delay or don't get dental care. Have/has FILL NAME ever delayed or not gotten care because they could not find or did not know a dentist who accepts Medicaid?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE WITH A CHILD 5 AND YOUNGER IN THE HH

Q:K3

T:

Now some question about the house or building you live in.

So far as you know, was the house/building you live in built before 1950?, or since then?

1 Before 1950

2 Since 1950

8 DK

9 REF

ASK OF THOSE INDICATING HOUSE BUILT BEFORE 1950

Q:K4a

T:

Is there cracked or chipped paint inside or outside of the building you live in?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK OF THOSE INDICATING HOUSE BUILT BEFORE 1950

Q:K4b

T:

So far as you know, has the paint in your home EVER been tested for lead content?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:K9

T:

Does your household's water come from a private well, or from a public water supply?

- 1 Private well
- 2 Public water supply

- 8 DK
- 9 REF

Q:K10

T:

Do you have at least one working smoke detector on each floor of your home? This includes a finished basement or attic.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE WITH SMOKE DETECTORS

Q:K11

T:

When was the last time you or someone else deliberately tested all of the smoke detectors in your home?

INTS: READ ONLY IF NECESSARY

1 Within the past month (0 to 1 month ago)

2 Within the past 6 months (1 to 6 months ago)

3 Within the past year (6 to 12 months ago)

4 One or more years ago

5 Never

6 NO SMOKE DETECTORS IN HOME

8 DK

9 REF

Q:K12

T:

During the past 12 months, has there been water or dampness in the apartment/house where you live caused by broken pipes, leaks, heavy rain, or floods?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE WITH WATER GETTING INTO HOME

Q:K13

T:

Has this happened more than once in the past 12 months?

1 YES

2 NO

8 DK

9 REF

Q:K13a

T:

Does the apartment/house where you live frequently have a mildew odor or musty smell?

1 YES

2 NO

8 DK

9 REF

Q:T1

T:

Which statement best describes the rules about smoking inside YOUR HOME?

(READ RESPONSES)

1 Smoking is NOT allowed anywhere

2 Smoking IS allowed in some places or at some times

3 Smoking IS allowed anywhere

4 There are no rules about smoking

5 NOBODY SMOKES WHO LIVES OR COMES TO HOUSE

8 DK

9 REF

Q:T2

T:

Which statement best describes rules about smoking INSIDE THE CAR you or your family uses for transportation?

(READ RESPONSES)

- 1 Smoking is NOT allowed anytime
- 2 Smoking is not allowed when there are children in the car
- 3 Smoking IS allowed anytime
- 4 There are no rules about smoking inside the car
- 5 NOBODY SMOKES WHO USES/RIDES IN THE CAR (VOLUNTEERED)
- 6 NO CAR

8 DK

9 REF

ASK OF THOSE WITH ONE OR MORE CHILDREN IN HOUSEHOLD AGE 10-16 AND PARENT OR GAURDIAN OF CHILD OR CHILDREN IN THE HH

Q:C01

T:

Have there been times when you felt uncomfortable talking with your child about certain topics?

- 1 YES
- 2 NO
- 3 NO CHILDREN OF MY OWN

8 DK

9 REF

ASK OF THOSE WITH ONE OR MORE CHILDREN IN HOUSEHOLD AGE 10-16 AND
INDICATING YES TO C01

Q:C01a

T:

What topics made you uncomfortable?

PROMPT: Was there anything else?

INTS: ENTER ALL MENTIONED BY RESPONDENT

- 10 SEX
- 11 FRIENDSHIP AND RELATIONSHIPS
- 12 SMOKING
- 13 RULES AND RESPONSIBILITIES
- 14 DRINKING ALCOHOL
- 15 DOING DRUGS
- 16 SCHOOL, GRADES, HOMEWORK
- 17 EMOTIONAL PROBLEMS
- 18 DEPRESSION/SUICIDE
- 19 OTHER (SPECIFY)

- 77 NO MORE
- 88 NONE
- 98 DK
- 99 REF

ASK OF THOSE 18 AND OLDER

Q:EMP0

T:

We are almost done with the survey.

This next series of questions is about jobs and employment.

PROMPT: Answers to these questions are important because they help us understand about health issues and sources of health insurance. also, I want to emphasize that the information you provide will be kept confidential and will only be used in combined form.

[PRESS 1 TO CONTINUE]

ASK OF THOSE 18 AND OLDER

Q:EMP1

T:

Are/Is FILL NAME working, keeping house,
going to school, or something else?
(READ RESPONSES)

IF ON VACATION ASK: Does this person generally work?

IF SOMETHING ELSE ASK:

Are/Is FILL NAME PRIMARILY unemployed, not at
your/his/her job temporarily, retired, unable to work, or something else?

- 10 WORKING (INCLUDE THOSE ON VACATION)
- 11 KEEPING HOUSE
- 12 GOING TO SCHOOL
- 13 WITH A JOB, BUT NOT AT WORK TEMPORARILY
- 14 UNEMPLOYED, LAID OFF, LOOKING FOR WORK
- 15 RETIRED
- 16 DISABLED/UNABLE TO WORK
- 17 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK OF THOSE 18 AND OLDER AND
GOING TO SCHOOL, KEEPING HOUSE, RETIRED, OTHER, DK, OR REF TO EMP1

Q:EMP3

T:

Do/Does FILL NAME typically work for pay?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY

Q:EMP4

T:

What is the total number of hours FILL NAME
usually works per week?

1-96 ENTER NUMBER
97 97 OR MORE HOURS

98 DK
99 REF

ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY

Q:EMP5

T:

On this job, are/is employed by a private
company or business, a government agency, in active military duty,
self-employed, working in a family business or farm, or something else?

INTERVIEWER: CODE NOT-FOR-PROFIT /FOUNDATION AS PRIVATE COMPANY.
IF EMPLOYED BY A SCHOOL COLLEGE OR UNIVERSITY, CLARIFY WHETHER THIS
IS A STATE OR PRIVATE COLLEGE OR UNIVERSITY OR A PRIVATE OR PUBLIC SCHOOL

10 PRIVATE COMPANY
11 GOVERNMENT AGENCY
12 MILITARY DUTY
13 SELF-EMPLOYED
14 FAMILY-BUSINESS OR FARM (NOT SELF-EMPLOYED)
15 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
16 PRIVATE EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
17 OTHER (SPECIFY)

98 DK

99 REF

**ASK OF THOSE 18 AND OLDER AND
UNEMPLOYED**

Q:EMP6

T:

Have/has FILL NAME been out of work for less than one year,
or for one year or more?

- 1 < 1 YEAR
- 2 1 YEAR +

- 8 DK
- 9 REF

**ASK OF THOSE 18 AND OLDER AND
DISABLED/UNABLE TO WORK**

Q:EMP7

T:

Is FILL NAME (r/'s) disability permanent or temporary?

- 1 TEMPORARY DISABILITY
- 2 PERMANENT DISABILITY
- 3 NO DISABILITY

- 8 DK
- 9 REF

**ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY**

Q:PA05

T:

Do/Does FILL NAME have a job that requires you/him/her to sit a
majority of the time while doing your/his/her job?

INTS: THIS INCLUDE DRIVING JOBS SUCH AS TAXI AND BUS DRIVERS

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND
UNINSURED

Q:UNIN3

T:

Does (r/'s) employer or labor union
offer health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE 18 AND OLDER AND
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND
UNINSURED AND
INDICATING YES TO UNIN3

Q:UNIN4

T:

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

10 INELIGIBLE - HASN'T WORKED LONG ENOUGH

11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK

12 INELIGIBLE - MEDICAL PROBLEMS

13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH

14 DON'T NEED HEALTH INSURANCE

15 OTHER (SPECIFY)

77 NO MORE

88 NO REASON

98 DK

99 REF

Q:INCIN
T:

These are the last few questions. I would like to know the total family income of your/each family residing in this household.

INTS: IF THEY ASK WHY PEOPLE ARE CLASSIFIED AS SEPARATE FAMILIES:
The government considers the people included in a family unit based upon their age, marital status, whether they have children, and whether they are a full time student.

<PRESS 1 TO CONTINUE>

ASK IF MORE THAN ONE FAMILY UNIT IN THE HOUSEHOLD

Q:INCIN0a

T:

I need to know the family income for the family that includes the following members of the household. Please consider only the following people when thinking about income:

INTS: READ NAMES BELOW

- 1 ENTER TO CONTINUE
- 2 DO NOT KNOW ENOUGH ABOUT THIS FAMILY

INTS: IF THEY ASK WHY PEOPLE ARE CLASSIFIED AS SEPARATE FAMILIES:
The government considers the people included in a family unit based upon their age, marital status, whether they have children, and whether they are a full time student.

Q:INCIN1a

T:

Was the total income for FILL THIS/YOUR FAMILY before taxes, during the past 12 months, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on was it more than FILL FPL FIGURE - 200%

INTS IF REFUSED:

The question about income categories helps us to learn whether persons in one income group use certain types of medical care services or have certain health conditions more or less often those in another group.
May I ask you again about the general category of your income?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

ASK IF NO TO INCIN1a

Q:INCIN2a

T:

Was it more than FILL FPL FIGURE - 100%?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

ASK IF YES TO INCIN1a

Q:INCIN3a

T:

Was it more than FILL FPL FIGURE - 300%?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

ASK IF YES TO INCIN3a

Q:INCIN4a

T:

Was it more than FILL FPL FIGURE - 400%?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

ASK IF MORE THAN ONE FAMILY UNIT AND HOUSEHOLD MEMBERS EXCLUDED IN UNITSCRN

Q:CLOSE0

T:

Thank you, those are all the questions I have for your family.
In order for me to complete this survey, I would like to identify
the person in the household who is familiar with the health of...

FILL NAMES OF THOSE EXCLUDED

Who would be the person I should ask for?

10

11

12

13

14

15

16

17

18 PERSON DOES NOT LIVE IN THIS HH

98 DK

99 REF

ASK IF MORE THAN ONE FAMILY UNIT AND HOUSEHOLD MEMBERS EXCLUDED IN UNITSCRN

Q:CLOSE1

T:

I will call back and ask for this person at a later time.

INTS: IF THEY SAY THEY ARE AVAILABLE NOW SAY: It will take some time
for us to set up the program for this person, so I cannot complete
the interview now.

1 ENTER TO CONTINUE

2 PERSON IS AT A DIFFERENT TELEPHONE NUMBER